

AN 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2436

Registration District No. 272

Primary Registration District No. 5379

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava Benton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Verona Klineline

3. (b) If veteran, name war. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife J. A. Klineline 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased July 28 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 4 21 hr. min.

9. Birthplace Springfield, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name N. J. Dyer
13. Birthplace Noville, Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Ollie Manning
15. Birthplace Union, Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Verona Klineline
(b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 12-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ava

18. (a) Signature of funeral director Clint Beard Funeral Home
(b) Address Ava, Missouri

19. (a) 12-31-1940 (b) Reba King White
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Ava Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. 8 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19
year 1940 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from Dec 5 to Dec 7, 1940
that I last saw her alive on Dec 7, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration

Due to 105
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J. H. Gentry (M. D. or other)
Address Ava mo Date signed

Dr. J. L. Gentry

RECEIVED

District Health Officer No. 6,

District File Number _____

Date Filed JAN 3 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

W. B. Hutchinson

Licensed Embalmer No. 3431

P. O. Address Chicago

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2436

Registration District No. 272

Primary Registration District No. 3379

Registrar's No. 90

1. PLACE OF DEATH:

- (a) County Douglas
(b) City or town Berlin T. P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME Throne Kline

3. (b) If veteran,
name war.

3. (c) Social Security
No.

4. Sex 7

5. Color or
race w

6. (a) Single, widowed, married,
divorced widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive year

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

74

4

21

hr min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(b) Date thereof

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec day 19
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19

that last saw him alive on 19

and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature (M. D. or other)

Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

